

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

JEFFREY SNYDER, D.O.,)	
an individual,)	
)	
Plaintiff,)	
)	
vs.)	NO. CIV-16-384-F
)	
)	
BOARD OF REGENTS FOR THE)	
OKLAHOMA AGRICULTURAL &)	
MECHANICAL COLLEGES, ex rel.,)	
OKLAHOMA STATE UNIVERSITY)	
CENTER FOR HEALTH)	
SCIENCES, et al.,)	
)	
Defendants.)	

TRANSCRIPT OF RECORDED MEETING
BETWEEN DR. COTTON, DR. THURMAN,
SANDY COOPER, DR. SNYDER AND LINDA SNYDER

TRANSCRIBED BY: JANA C. HAZELBAKER, CSR

1 DR. COTTON: Hello.

2 DR. SNYDER: Hello.

3 DR. COTTON: Dr. Snyder.

4 DR. SNYDER: It's good to see you.

5 DR. COTTON: It's good to see you.

6 DR. THURMAN: Hello.

7 DR. SNYDER: Hi, Dr. Thurman.

8 LINDA SNYDER: I'm Linda, and I'm Jeffrey's

9 mom.

10 DR. COTTON: Oh, nice to meet you.

11 LINDA SNYDER: Nice to meet you.

12 DR. THURMAN: Chuck Thurman. How are you

13 doing?

14 LINDA SNYDER: Hi, Chuck, nice to meet you.

15 DR. COTTON: Hi, I'm Lora Cotton. Good to

16 meet you.

17 LINDA SNYDER: Hi, Lora Cotton, nice to

18 meet you.

19 DR. COTTON: Linda, you said?

20 LINDA SNYDER: Linda.

21 DR. COTTON: Linda Snyder?

22 LINDA SNYDER: Yes.

23 DR. THURMAN: Sorry for the room

24 temperature. We can never get this conference room

25 the correct temperature --

1 LINDA SNYDER: It's no problem.

2 DR. THURMAN: -- obviously. Chilly.

3 MS. COOPER: I'm Sandy Cooper. I don't

4 know if I --

5 LINDA SNYDER: Nice --

6 MS. COOPER: -- said that.

7 Nice to meet you.

8 LINDA SNYDER: Nice to meet you.

9 DR. COTTON: Well, thanks for coming up.

10 We're glad to have the meeting with you and kind of

11 chat.

12 So the -- my purpose in -- in -- in having

13 you come up was because there's been a real period of

14 us not really communicating directly, and so I wanted

15 to do that and kind of get a sense of what you're

16 thinking, and options, what you see as outcomes, and

17 then what you think about those outcomes, and just

18 see where you are. And then I'll jump in where that

19 is and then we can talk from there.

20 DR. SNYDER: Okay.

21 DR. COTTON: So --

22 DR. SNYDER: What's the specific question?

23 Is there a specific question you have?

24 DR. COTTON: Yes.

25 DR. SNYDER: Okay.

1 DR. COTTON: Basically, you know, the --
2 you're -- you've been in this academic probationary
3 period, and so now we -- we're at a -- a point where
4 a decision has to be made. I have to make a
5 decision.

6 And so I need some input from you, as far
7 as what you're thinking about, about how things have
8 gone, how you see things going.

9 DR. SNYDER: Okay. I mean, the -- I've
10 been out of work for four months, as -- as you know,
11 and I haven't heard anything from anyone here at this
12 residence -- I mean, you sent a letter to me. I
13 swore I was going to hear something at the end of
14 September, and I haven't heard anything since then.

15 LINDA SNYDER: It's been a long time.

16 DR. COTTON: Uh-huh. Uh-huh.

17 LINDA SNYDER: Any -- we still --

18 DR. SNYDER: I mean, I --

19 LINDA SNYDER: -- don't even hardly know
20 his status.

21 DR. SNYDER: I don't even know my status
22 here. I don't understand why I haven't heard
23 anything. Is there anything -- can you tell me my
24 status?

25 DR. COTTON: Uh-huh. Well, right now,

1 you're still in that probationary period.

2 DR. SNYDER: I'm in a probationary period
3 right now?

4 DR. COTTON: Uh-huh. Well, the -- at the
5 end of -- when I last communicated with you, there
6 was a letter, and then I sent an e-mail, too. It's,
7 like, I need to hear something, as far as your
8 participation in the requirements of the probation.

9 DR. SNYDER: So I'm still under probation
10 right now?

11 DR. COTTON: Yes.

12 DR. SNYDER: Okay. It says in the handbook
13 that a suspension is when someone is removed from
14 program duties.

15 Is that not accurate?

16 DR. COTTON: No. I don't think that this
17 is really going in a direction that's very helpful.

18 DR. SNYDER: It's just a question.

19 DR. COTTON: No. It's okay to ask
20 questions --

21 DR. SNYDER: Okay.

22 DR. COTTON: -- but -- but the -- we're not
23 here to argue that part of it. Okay?

24 DR. SNYDER: Okay. Well, I --

25 LINDA SNYDER: He gets confused.

1 DR. SNYDER: It's -- it's --
2 DR. COTTON: Right.
3 DR. SNYDER: It doesn't --
4 LINDA SNYDER: -- after he's been removed.
5 DR. SNYDER: Let me just say --
6 DR. COTTON: Right.
7 DR. SNYDER: I will say I disagree with
8 that. I think it's clear that there is -- I'm not
9 under probation right now. I am -- have been
10 suspended, leave of absence, whatever you want to
11 call it. It's certainly not a probation, according
12 to the handbook.
13 DR. COTTON: Uh-huh. Uh-huh.
14 DR. SNYDER: Okay.
15 DR. COTTON: The -- go ahead, please.
16 MS. COOPER: I think the -- the better
17 question maybe --
18 DR. COTTON: Okay.
19 MS. COOPER: -- is we want to move forward
20 and kind of -- what are some different options that
21 you see to do that. There's -- there's obvious
22 ones --
23 DR. COTTON: Uh-huh.
24 MS. COOPER: -- but because there's been a
25 lack of communication, because there's a lack of

1 understanding of what -- what's going on, to just
2 flip a switch at this point would be awkward. And --
3 you know, and so we need to start dialoguing about
4 how -- how do we move forward from here.

5 DR. SNYDER: Well, I would say that the
6 ball is certainly in you all's court. You all have
7 decisions to make. I don't understand why no
8 decisions have been made.

9 I was told I was going to hear something
10 after the end of September, and now we're in November
11 and I'm -- still been out of work. And I think
12 that's, to me, in my opinion, very inappropriate for
13 me to be put out of work this long --

14 LINDA SNYDER: Right.

15 DR. SNYDER: -- being put in this position,
16 you know, just with uncertainly. That's not fair for
17 me.

18 Is that fair? What do you think?

19 DR. COTTON: Well, at the end of September,
20 I had nothing in hand to -- at that point, with no --
21 nothing in hand, as far as the participation in the
22 requirements that you were put on for during the
23 leave of absence.

24 The decision -- if I had to make a decision
25 right there, it would have been for dismissal, and

1 that's the worst thing for your long-term outcome.

2 DR. SNYDER: Well, I'm still waiting on the
3 decision, and if you want to make that decision --

4 DR. COTTON: Yes.

5 DR. SNYDER: -- that's up to you.

6 DR. COTTON: Right.

7 DR. SNYDER: So I'm still waiting on the
8 decision. It's not fair for me --

9 DR. COTTON: I would like --

10 DR. SNYDER: -- to be put in limbo like
11 that.

12 DR. COTTON: -- for -- my goal is to help
13 you get to your goal, which is to finish residency,
14 correct?

15 DR. SNYDER: That's correct.

16 DR. COTTON: Okay. So I'm trying to look
17 out for your long-term career decision. If that
18 outcome is the -- the least beneficial to you
19 long-term, and so other options are better.

20 DR. SNYDER: And let me say, if you said
21 that you were waiting on hearing about the counseling
22 or anything --

23 DR. COTTON: Uh-huh.

24 DR. SNYDER: -- that -- according to that,
25 I think it would be appropriate to discuss that with

1 Mr. Price because he has discussed that with my team
2 of attorneys.

3 DR. COTTON: Uh-huh.

4 LINDA SNYDER: That's very true. You know,
5 he's been relaying everything through the attorneys,
6 and -- and he's been corresponding with Mr. Price.

7 DR. COTTON: Uh-huh.

8 DR. SNYDER: So have you talked to
9 Mr. Price about that, Dr. Cotton?

10 DR. COTTON: I received -- on October 31st,
11 you had -- you -- I had not received anything until
12 that time, as far as --

13 DR. SNYDER: Okay.

14 DR. COTTON: -- what you had done during
15 that time.

16 DR. SNYDER: And that would be up to you if
17 you wanted to make any decisions prior to that point
18 in time, or you could have talked to Mr. Price prior
19 to that point in time. It wasn't me delaying that.

20 I discussed everything through my attorneys
21 at the appropriate time, and I complied and attended
22 with all of my counseling sessions, did everything I
23 was asked to do.

24 DR. COTTON: Uh-huh. You had not given
25 permission for the attorneys to share that letter

1 with me?

2 DR. SNYDER: I did not say that at all.

3 DR. COTTON: Yeah. Well, they assume that
4 you had not given permission to do that.

5 DR. SNYDER: Well, has -- did -- did you
6 receive a letter, you said?

7 DR. COTTON: Yeah. It's a copy of -- from
8 your psychol- -- it's the -- it's a general letter
9 that says you saw -- I think her name is
10 Dr. Allbright.

11 DR. SNYDER: So where did you hear
12 something that says that I did not give you
13 permission to receive that letter?

14 DR. COTTON: No, just that they needed
15 permission for you to -- that's -- that's protected
16 information that you would have to give permission
17 for me to have.

18 DR. SNYDER: Well, like I said, you -- you
19 do have it, you said, right?

20 DR. COTTON: I got it on October 31st.

21 DR. SNYDER: Okay. And I didn't sign any
22 authorizations or releases to permit you to receive
23 that information. It was delivered directly to my
24 attorneys, who are -- have been -- who have been
25 talking on multiple occasions with Mr. Price about

1 this.

2 DR. COTTON: Well --

3 DR. SNYDER: So --

4 DR. COTTON: Well, Mr. Price said he asked
5 your attorney for permission to share that one letter
6 with the data.

7 DR. SNYDER: If he wants to ask my attorney
8 permission, that's up to him. And my attorney
9 apparently provided it to him, so --

10 DR. COTTON: Right. Right. To -- to give
11 to me.

12 DR. SNYDER: That's fine.

13 DR. COTTON: All right.

14 LINDA SNYDER: Right.

15 DR. COTTON: So at that -- so at the
16 time -- at the end of September, I didn't have --

17 DR. THURMAN: We didn't have --

18 DR. COTTON: -- anything.

19 DR. SNYDER: Well, I mean, I can't help it.
20 You should have maybe --

21 DR. COTTON: Well, no, it's up to you --
22 it's up to you --

23 DR. SNYDER: No. No. You should've
24 contact- --

25 DR. COTTON: -- to communicate with me as

1 your program director.

2 DR. SNYDER: Okay. Well, you know what?
3 You'll obviously have time lines and decisions you
4 have to make as well, do you not?

5 DR. COTTON: Uh-huh. Uh-huh.

6 DR. SNYDER: Or am I just supposed to be
7 just hanging out, you know, just doing whatever?

8 DR. THURMAN: That's kind of what this
9 meeting is about. So if I -- just from --

10 DR. COTTON: Right.

11 DR. THURMAN: -- from my perspective, if --
12 we'll get further along with what both of you want,
13 which is to have a pathway for you if we don't focus
14 on what -- whose attorney didn't release something
15 else to whose attorney.

16 DR. SNYDER: Well, I provided the
17 documentation --

18 DR. THURMAN: But if we can --

19 DR. SNYDER: -- to my attorneys.

20 DR. THURMAN: Okay.

21 DR. SNYDER: Okay.

22 DR. THURMAN: But if we can at least agree
23 on my -- my statement that I just made, we'll get
24 further along.

25 You want the -- you want to see the end of

1 this.

2 LINDA SNYDER: Yes --

3 DR. THURMAN: You want to see --

4 LINDA SNYDER: -- he definitely does. He
5 would. You know --

6 DR. THURMAN: Yes. And I -- and we want
7 the --

8 LINDA SNYDER: -- he's waiting.

9 DR. THURMAN: And we want the same.

10 LINDA SNYDER: Right.

11 DR. THURMAN: So can we not agree to talk
12 about the future from here on out?

13 LINDA SNYDER: That's fine.

14 DR. SNYDER: That'd be perfectly fine.

15 LINDA SNYDER: That sounds great.

16 DR. THURMAN: And so the future exists with
17 one pathway that she just mentioned is the least --
18 that she doesn't want to do, which is dismissal.
19 That's one choice that can happen in the future.

20 Let's talk about other choices.

21 DR. SNYDER: Right.

22 DR. THURMAN: And if you --

23 DR. SNYDER: Okay.

24 DR. THURMAN: Do you have any other choices
25 for how this can be resolved on future decisions?

1 DR. SNYDER: When -- okay. My -- my
2 question is in regards to one of the options would be
3 dismissal, you said.

4 Can you tell me why I'd be -- would be
5 dismissed from this residency program?

6 LINDA SNYDER: Uh-huh.

7 DR. COTTON: Well, no, that was the option
8 then. That is one outcome. There are three. There
9 are three.

10 DR. SNYDER: I understand that. You just
11 mentioned one --

12 DR. COTTON: Yes. Right.

13 DR. SNYDER: -- one of the outcomes is
14 dismissal --

15 DR. COTTON: Right.

16 DR. SNYDER: -- and we don't want to go
17 down that route, you said.

18 DR. COTTON: Right.

19 DR. SNYDER: Could you please tell me why
20 that would even be an option?

21 DR. COTTON: Uh-huh. The -- during your
22 leave of absence, the counseling that you would go
23 through needed to be led by the concerns that were
24 brought up, the whole reason for the academic
25 probation and --

1 DR. SNYDER: Would you like to tell me
2 those concerns?

3 DR. COTTON: Yes. Well, they were listed
4 in the first academic probation document.

5 DR. SNYDER: No. This counseling was
6 initiated due to Dr. Barnes' psychology report.

7 DR. COTTON: No, the -- no, the
8 counseling --

9 DR. SNYDER: Yes, it was.

10 DR. COTTON: That was initiated from the
11 original thing from the EAP.

12 DR. SNYDER: That was the EAP.

13 DR. COTTON: This was to be involved in the
14 EAP for counseling. Okay? And so --

15 DR. SNYDER: That's not true.

16 DR. COTTON: And then it's found that there
17 was a not -- there was not-fit -- the
18 not-fit-for-duty finding, which brings us into a
19 patient safety situation where it's, like, counseling
20 was required.

21 And then I need fit for duty in order for
22 you to be back in for patient safety purposes.

23 DR. SNYDER: So do you feel I'm not --

24 DR. COTTON: And so --

25 DR. SNYDER: -- fit for duty at this time?

1 DR. COTTON: -- I'm not -- I wasn't the one
2 who did the assessment to start with, and it's not
3 really my position as program director to assess you
4 in the -- in that way. That's not my role.

5 DR. SNYDER: Did you have any involvement
6 in the fit-for-duty written evaluation report?

7 DR. COTTON: No.

8 DR. SNYDER: Not at all? No --

9 DR. COTTON: Well --

10 DR. SNYDER: -- way whatsoever?

11 DR. COTTON: Well, but -- now, they did
12 have the documentation of the behaviors of -- that
13 were of concern, the clinical judgment issues. They
14 had that whole --

15 DR. SNYDER: Did you supply any further
16 documentation?

17 DR. COTTON: As far as examples of -- of
18 ongoing things, yes, I did.

19 DR. SNYDER: So you did collaborate and --

20 DR. COTTON: Oh, Lord.

21 DR. SNYDER: -- work with these people to
22 create a desired result.

23 DR. COTTON: Oh --

24 DR. SNYDER: There were several
25 addendums --

1 DR. COTTON: -- Jeffrey.

2 DR. SNYDER: -- to the fit-for-duty report
3 and you know it.

4 DR. COTTON: Yeah. What? I'm sorry.

5 DR. SNYDER: There were several addendums
6 to the fit-for-duty evaluation.

7 DR. COTTON: No, I don't know about that.
8 That's unfamiliar to me.

9 DR. SNYDER: Okay.

10 LINDA SNYDER: Yeah, there's --

11 DR. SNYDER: Well, if it's unfamiliar to
12 her, I can't help that. I think --

13 LINDA SNYDER: No.

14 DR. SNYDER: -- there's several individuals
15 that work in OSU human resources that were involved
16 in this quite a lot, but if we don't want to discuss
17 that any further, that's fine.

18 DR. THURMAN: Well, how about -- okay.
19 So -- so we have one -- we have one -- one report
20 from a -- from a professional that says "not fit for
21 duty."

22 LINDA SNYDER: And that's all you have?

23 DR. THURMAN: That -- that's the one that
24 we -- that's the initial Barnes report.

25 DR. COTTON: Right. He's -- he says we

1 have -- we have that.

2 DR. THURMAN: We have that.

3 DR. COTTON: There is that.

4 DR. THURMAN: And then --

5 LINDA SNYDER: And was there addendums that

6 you have, as well, to that report?

7 DR. COTTON: No.

8 LINDA SNYDER: No.

9 DR. THURMAN: Well, they stopped --

10 DR. SNYDER: No.

11 DR. THURMAN: -- sharing any information to

12 us. I mean, they were the ones that got --

13 DR. COTTON: I have one letter. I have one

14 letter from Dr. Barnes. I have one. The reports

15 and --

16 MS. COOPER: I don't have anything else

17 that's not been shared with -- with any of us.

18 DR. THURMAN: Yeah, that -- that's when the

19 attorneys and all that stuff started going back and

20 forth.

21 DR. SNYDER: All right. Let me just say

22 one quick thing then, because this whole entire --

23 and I -- I won't talk any more about that, but the

24 entire psychological evaluation was handled extremely

25 inappropriately.

1 I have received a copy of the entire
2 evaluation, which was hidden from me and kept from me
3 this entire time period from multiple places, from
4 OSU, from the Employee Assistance Program, and
5 Dr. Barnes herself. It was extremely inappropriate
6 that I was not provided that documentation --

7 LINDA SNYDER: No one --

8 DR. SNYDER: -- at all.

9 LINDA SNYDER: No one gave it to him.

10 DR. SNYDER: There was a direct effort to
11 prevent me from having it.

12 I now have it. I have analyzed it very
13 thoroughly. It's an extremely inappropriate
14 evaluation, unprofessionally done, unethically done.

15 There was a lot of collaboration and
16 collusion amongst individuals to -- to reach a
17 desired result. Whether you want to admit that or
18 know it or not, I can't help that.

19 As far as the Employee Assistance Program,
20 when we first started with that there was no mention
21 of me even doing counseling when I was -- when that
22 was mentioned as far as the probation. All that was
23 said was for me to participate in the Employee
24 Assistance Program. There was no mention of me doing
25 counseling, as you just previously stated.

1 So I participated in the Employee
2 Assistance Program, did not do counseling at the
3 Employee Assistance Program, and then I got
4 transferred over to do this fit-for-duty
5 psychological evaluation.

6 At that point in time, apparently I was
7 recommended to undergo counseling, which I was never
8 provided any documentation of that from the actual
9 provider, Dr. Barnes. I never was given reasons for
10 the counseling.

11 I even met with Dr. Barnes about a week
12 after being placed on leave of absence, just thrown
13 out of the hospital immediately. I'm gone, I'm on
14 leave of absence, I'm not fit for duty. And
15 Dr. Barnes even mentioned the word "counseling" to me
16 in my meeting with her. Whether y'all can help that,
17 no, you all cannot.

18 But that is kind of, just on the surface,
19 how this has gone. But I --

20 LINDA SNYDER: That's where he's coming
21 from.

22 DR. THURMAN: No, and I --

23 DR. COTTON: And I hear -- I hear that.

24 DR. THURMAN: And let me say that you have
25 a reason to -- for these feelings, and nobody is --

1 nobody sitting at this table says that you don't have
2 a reason to --

3 LINDA SNYDER: Which it's fact.

4 DR. SNYDER: I'm just -- I'm just making
5 it --

6 LINDA SNYDER: It's the facts of what
7 happened.

8 DR. SNYDER: I'm just making --

9 DR. THURMAN: We can hear -- full agreement
10 with that.

11 DR. SNYDER: Okay. I'm just making a
12 few -- few points because, to me, throughout this
13 process there were a variety of wrongdoings done --

14 DR. THURMAN: Uh-huh.

15 DR. SNYDER: -- and was handled extremely
16 inappropriately.

17 DR. THURMAN: That's --

18 DR. SNYDER: From the beginning, from the
19 probation implementation, to the leave of absence --

20 LINDA SNYDER: I agree.

21 DR. SNYDER: -- to this fit-for-duty
22 report, not fit for duty, extremely inappropriately.

23 LINDA SNYDER: Not done by the handbook.

24 DR. SNYDER: And I -- and I could sit here
25 and talk to people for hours about this. I have an

1 entire -- I've got hundreds of pages of
2 documentation. I've got -- I've analyzed this very
3 thoroughly, very thoroughly, and I have an
4 explanation for all of this. Okay?

5 So I don't know what your thoughts are on
6 it. Do y'all feel like it was handled very -- very
7 appropriately?

8 MS. COOPER: Uh-huh.

9 DR. COTTON: Medical education -- I have to
10 balance education and residents with patient safety.

11 DR. THURMAN: Yeah.

12 DR. COTTON: And so that -- that's why we
13 are where we are right now.

14 Now, again, I'm going to mention that -- I
15 can tell -- I -- I can see that you're very angry
16 about the way things have gone and you're not in
17 agreement.

18 DR. SNYDER: I think --

19 LINDA SNYDER: He's not angry.

20 DR. SNYDER: I think -- I think --

21 LINDA SNYDER: He's just stating the facts.

22 DR. COTTON: Right.

23 DR. SNYDER: -- I have every right to be
24 upset with the way this has gone down.

25 DR. COTTON: And -- and I -- and I'm

1 recognizing that you are -- that you're feeling that

2 way, but --

3 DR. SNYDER: I have every right to feel

4 that way.

5 DR. COTTON: Yes. That's fine.

6 DR. SNYDER: Okay.

7 DR. COTTON: But we still have to move

8 forward here. Okay?

9 And for your long-term -- long-term, being

10 dismissed from the program looks the worst, as far as

11 outcome. Okay?

12 DR. SNYDER: And that is your choice.

13 DR. COTTON: It's true, but --

14 DR. SNYDER: That's true.

15 DR. COTTON: -- I'm here to tell you about

16 the -- the -- what -- what else is effective.

17 DR. THURMAN: There's more palatable

18 outcomes.

19 DR. COTTON: Okay?

20 DR. SNYDER: I understand that, but if you

21 want to make -- you have a decision to make, and

22 that's kind of up to you, so I will leave that up to

23 you.

24 DR. COTTON: No, you have some -- you have

25 some power here, too.

1 DR. THURMAN: Yeah. You have some say in
2 your pathway.

3 DR. SNYDER: Okay.

4 DR. THURMAN: So you need to -- you need to
5 exercise that and listen -- or we -- we hope that you
6 would come with some options that you would like
7 to --

8 DR. SNYDER: And, see, the whole
9 unfortunate thing is, is I've had to, like you said,
10 try to develop a pathway, or move forward an outcome,
11 or resolution --

12 LINDA SNYDER: Uh-huh. He's had to seek
13 legal --

14 DR. SNYDER: -- unfortunately, through the
15 help of attorneys.

16 LINDA SNYDER: Uh-huh.

17 DR. SNYDER: Do I want to go down that
18 route?

19 No, I did not.

20 LINDA SNYDER: No.

21 DR. SNYDER: Not at all.

22 LINDA SNYDER: No.

23 DR. SNYDER: It's too -- I didn't want to
24 do that. There's been completely -- there's been
25 many opportunities that y'all could have had to have

1 met with me and thought through this a little
2 further, but that wasn't the way it went down.

3 It was, we went through one step, one step,
4 one step, kept moving forward. Okay?

5 LINDA SNYDER: We recommended -- you know,
6 we thought -- you know, before the probation even
7 ended we thought he would be taken off of it, you
8 know, or, you know, at the end we're going to hear a
9 positive outcome.

10 We told him, "Go ahead. Go through the
11 process. Do as you're told."

12 And we were shocked, you know, because he
13 told us what was going on during that time frame.
14 And really surprised with the outcome. And so, you
15 know --

16 DR. COTTON: The --

17 LINDA SNYDER: -- we have the --

18 DR. COTTON: -- the probation --

19 LINDA SNYDER: -- right evidence began to
20 do with --

21 DR. COTTON: Right.

22 And so the -- in order to return to
23 training at this location, I'm going to need -- is
24 there -- what would be needed is -- is someone,
25 again, to -- to look at the issues that -- that

1 brought about the probation to start with, that list
2 of concerns that I had on the original probationary
3 document. Take that into consideration regarding the
4 counseling or -- or whatever interaction you had --
5 or could be someone else, Dr. Allbright or whomever,
6 and -- I don't know that she even knew the concerns
7 that we were trying to work on. So --

8 DR. SNYDER: I was told to just go see a
9 counselor and undergo counseling.

10 DR. COTTON: Yeah.

11 DR. SNYDER: So --

12 DR. COTTON: Yeah. And so physician fit
13 for duty is outside the resident handbook because
14 it's not part of the normal residency training.

15 DR. SNYDER: Yeah.

16 DR. COTTON: So it's -- it's outside of it,
17 but you're a physician prac- -- you know, practicing
18 in a hospital, so it's part of the deal.

19 So that -- that is something that I would
20 need to comfortably re-admit you to resi- -- or
21 consider it.

22 DR. SNYDER: What would you need again?
23 Tell me again what you would need.

24 DR. THURMAN: Recommendation by a
25 different --

1 DR. COTTON: That -- that you're now --

2 DR. THURMAN: -- psychologist.

3 DR. COTTON: -- fit for duty.

4 DR. SNYDER: Okay.

5 DR. THURMAN: It doesn't have to be Barnes.

6 DR. COTTON: No. Absolutely.

7 DR. SNYDER: You -- you did say something
8 about you would need someone to look into this about
9 the probation.

10 DR. COTTON: Well, they need to know --

11 DR. SNYDER: Are you talking about --

12 DR. COTTON: They need to know the concerns
13 that -- that we're looking at, as far as the --

14 DR. SNYDER: Are you talking about a
15 psychologist, or what are you referring to?

16 DR. COTTON: Yes.

17 DR. SNYDER: Okay.

18 DR. THURMAN: Yeah.

19 DR. COTTON: Yeah.

20 DR. THURMAN: I mean, you've been going to
21 a different one here recently.

22 DR. COTTON: Uh-huh.

23 DR. THURMAN: You went to --

24 DR. SNYDER: That's correct.

25 DR. THURMAN: Okay. So could we share

1 that -- that -- that initial probationary itemization

2 with them and then have them --

3 DR. COTTON: From April.

4 DR. THURMAN: -- write a letter that says,

5 "Well, these concerns are -- are not valid. At this

6 point, I believe he is fit for duty"?

7 DR. SNYDER: So let me ask a -- a quick
8 question. So do y'all believe that the findings were
9 rational in Dr. Barnes' report?

10 I know you haven't seen it, but you all
11 have ways, you said -- I mean -- let me say this.

12 Y'all have not read the report, correct?

13 DR. COTTON: Right.

14 DR. THURMAN: Huh-uh.

15 DR. SNYDER: Okay. But there are
16 individuals at OSU who have read the report.

17 DR. COTTON: Uh-huh.

18 DR. SNYDER: Okay. Do you think they
19 believe that the report was done appropriately?

20 And maybe you do not know the answer to
21 that question.

22 DR. COTTON: Yeah, I can't really --

23 DR. SNYDER: Okay. Well --

24 DR. COTTON: -- answer for them.

25 DR. THURMAN: That is -- I -- I think it's

1 worth you realizing that we don't -- this isn't tied
2 to what Dr. -- only Dr. Barnes.

3 I mean, you've been going to Dr. Allbright,
4 or this other --

5 DR. COTTON: Uh-huh.

6 DR. THURMAN: -- this other professional.

7 You know, if they could see that initial -- the
8 probationary concerns that you have, you would have
9 already met with this person and then they could, in
10 their opinion, render their opinion, which you feel
11 might be more fair than the way Dr. Barnes handles
12 it, that is a pathway to be able to get back --

13 DR. COTTON: To be considered for -- for
14 continuing training.

15 DR. THURMAN: That's what's held this up, I
16 think. I mean, that -- not having -- not having a
17 minority, or a second opinion, or any other opinion
18 from a professional after having that first one, it's
19 really hard. That's kind of like a halting point, if
20 there was one. That's what's caused us to not be
21 able to kind of move beyond.

22 So that would be very easy -- that's one
23 pathway of getting back in and finishing out the
24 probationary period in this program.

25 You would still need to prove --

1 DR. COTTON: On --

2 DR. THURMAN: -- competency with --

3 DR. COTTON: Yeah.

4 DR. THURMAN: -- these concerns that she

5 initially had about stuff with the hospital and --

6 you still have to -- you'd still be in a probationary

7 period, but you could kind of work your way through

8 that and --

9 DR. SNYDER: And so --

10 DR. THURMAN: -- do it on the job.

11 DR. SNYDER: -- to clarify again,

12 Dr. Thurman, what you just said, I would still be on

13 probation if I came back here to the hospital?

14 DR. COTTON: Yes.

15 DR. SNYDER: Yeah, because you never

16 finished your probation because it was put on halt.

17 DR. COTTON: Right.

18 DR. SNYDER: It was put on halt in what

19 way? I mean --

20 DR. COTTON: No. No. No. It wasn't -- I

21 wouldn't describe it -- it wasn't put on --

22 DR. THURMAN: Well, there's no way for you

23 to actually finish your probation.

24 DR. SNYDER: Let me say this. The

25 probation --

1 LINDA SNYDER: Because you were put on
2 leave of absence.

3 DR. COTTON: Because you --

4 DR. THURMAN: Yeah.

5 DR. COTTON: Right. Well, no, it -- I
6 would describe it even differently. And I don't mean
7 to --

8 DR. THURMAN: Yeah.

9 DR. COTTON: -- to encounter that, but
10 the -- the continuation of probation is because I
11 have to see that you have -- in behav- -- in
12 behaviors and decisions, I have to see that you are
13 doing better on these things to -- before I can take
14 you off probation.

15 DR. SNYDER: Okay. That makes perfect
16 sense, but I -- I think what would be -- to me, what
17 would be fair would be to communicate that really --
18 really directly and straightforward with me, which
19 has not been done. Because I would tell you that
20 July 3rd, which is the last time I've seen you --

21 DR. COTTON: Uh-huh.

22 DR. SNYDER: -- I was taken off probation
23 and I was suspended.

24 DR. COTTON: No, you weren't taken off
25 probation.

1 DR. SNYDER: Well, I -- according to the
2 handbook, suspension is when you're removed from
3 program duties. Okay? We can disagree about that,
4 but I know what the handbook says. Okay?

5 So whether you want to call it suspension,
6 or leave of absence, or whatever, also at no point in
7 time was I said (sic) that my probation was magically
8 extended.

9 If you want to assume that I think that or
10 assume that's just understood, I shouldn't have to
11 make that guess.

12 My probation was never extended. According
13 to all the documentation that I have, my probation
14 was to end -- was to end July 31st. That's what all
15 my documentation says.

16 DR. COTTON: July 31st?

17 LINDA SNYDER: Exactly.

18 DR. SNYDER: July 31st. Three months of
19 probation starting May 1st.

20 DR. COTTON: Yeah.

21 DR. SNYDER: July 31st is when my probation
22 was set to end, and then my probation was stopped and
23 I was suspended. I was granted a leave of absence.
24 Okay? So that's all the documentation and wording
25 that I was provided --

1 DR. COTTON: Okay.

2 DR. SNYDER: -- throughout this time
3 period.

4 LINDA SNYDER: There's really no reason --
5 you know, when he was wanting to ask questions, "Why
6 the leave of absence now," he had no answers at that
7 meeting.

8 DR. COTTON: Uh-huh. Well, it was related
9 to the not fit for duty and that you needed to work
10 on those issues --

11 DR. SNYDER: Well, that's perfectly fine.

12 DR. COTTON: -- before you could be back at
13 the -- back in the clinical educational arena.

14 DR. SNYDER: And I understand the vague
15 talk that everyone uses, "these issues." I can -- I
16 can clearly -- Dr. Thurman, you were not there in
17 this meeting, but I can tell you that I
18 specifically -- I don't know what -- why
19 Dr. Alexopoulos is not here today, but that's okay.

20 I clearly remember in that meeting asking
21 Dr. Alexopoulos -- when she said there was some
22 concerns with patient safety.

23 And then I asked her, "What are the
24 concerns with patient safety, Dr. Alexopoulos?"

25 And she couldn't give me an answer.

1 LINDA SNYDER: No examples.

2 DR. SNYDER: And then immediately you --

3 DR. COTTON: But these examples have
4 already been given in the original documentation when
5 this started.

6 DR. SNYDER: I'm just saying this is just a
7 lack of communication, I think --

8 DR. COTTON: Yeah.

9 DR. SNYDER: -- when we have
10 Dr. Alexopoulos making statements about me, telling
11 me there's concerns with patient safety, and she
12 can't cite anything.

13 And then you immediately tell me we're not
14 going to discuss that here today.

15 DR. COTTON: Uh-huh. Well, those had
16 already been shared with you and that wasn't the
17 point of that meeting. It was to communicate the
18 things that we talked about.

19 DR. SNYDER: The point of the meeting was
20 to tell me I'm on leave of absence --

21 DR. COTTON: Right.

22 DR. SNYDER: -- I was suspended, I was
23 found not fit for duty, and there's really nothing
24 more we're going to talk about this.

25 LINDA SNYDER: Exactly.

1 DR. COTTON: Yes, you're right.

2 DR. THURMAN: So --

3 DR. COTTON: Not -- not the suspension. It

4 wasn't --

5 DR. THURMAN: Yeah.

6 DR. COTTON: -- we weren't putting you on

7 suspension, it was the --

8 DR. SNYDER: Well, let's just say --

9 LINDA SNYDER: A leave of absence --

10 DR. SNYDER: Let's just say --

11 LINDA SNYDER: -- or suspension --

12 DR. THURMAN: I mean, this is --

13 LINDA SNYDER: -- whatever you want to call

14 it --

15 DR. THURMAN: Well, it's semantics --

16 LINDA SNYDER: -- you know.

17 DR. THURMAN: -- that unless -- that unless

18 your goal, again, is something other than moving

19 forward, it's -- it doesn't make sense in going back

20 and re-hashing the semantics of it again, Jeffrey.

21 DR. SNYDER: I'm just trying to --

22 DR. THURMAN: I know, but just --

23 DR. SNYDER: -- make it very clear how I

24 feel about this --

25 DR. THURMAN: Okay. Yes.

1 DR. SNYDER: -- and I think there should be
2 some understanding on the other side as well.

3 DR. THURMAN: Yes. And over time, you
4 know, whether you finish your residency here, or you
5 finish it somewhere else, or whatever happens, you
6 know, I am interested in pathways that we can kind of
7 get moved on.

8 Because it doesn't do us any good to have
9 this position in limbo, either, and not know if --
10 what -- what's going to happen with you. You know,
11 it doesn't -- it's difficult on this program as well.
12 So it's -- it's affecting both of us.

13 LINDA SNYDER: That's the reason he's
14 trying to work through --

15 DR. THURMAN: Yeah.

16 LINDA SNYDER: -- the attorney to let
17 them -- you know, the team of attorneys he has, to be
18 informed on these type of issues --

19 DR. THURMAN: Yeah.

20 LINDA SNYDER: -- so we can move forward --

21 MS. COOPER: Right.

22 LINDA SNYDER: -- and get this over with.

23 DR. COTTON: Those types of things -- of
24 course, the attorneys don't really know how medical
25 education works, you know, the -- how it really

1 proceeds, so it's difficult for them to give you
2 advice on --

3 DR. SNYDER: I think there's a --

4 DR. COTTON: -- how medical education --

5 DR. SNYDER: I will say I think there's a
6 lot of things that they understand have been handled
7 extremely inappropriately throughout this entire
8 process. The entire process. And if you give me
9 just about 15 seconds, I'll tell you a few of them.

10 I think everything from the probation --
11 I'm not going to get into the -- a lot of details
12 here, but the probation to the leave of absence, the
13 not-fit-for-duty report.

14 I think there's been a number of
15 mischaracterizations made about me through this
16 entire -- entire time period. There's been, in -- in
17 my opinion, damage to my reputation done, defamation
18 of my character.

19 There's been many contractual violations
20 done towards me.

21 There has been, in my opinion,
22 collaboration and collusion, working together to
23 achieve a desired result that is damaging to my
24 career.

25 There has been a multitude of violations

1 and negli- -- negligence towards my privacy, and on
2 many occasions my due process has been violated.

3 Okay?

4 And I've discussed all this very clearly
5 with my attorneys. I've had many meetings with them
6 and they are in communication on this with Mr. Price.

7 LINDA SNYDER: Exactly.

8 DR. COTTON: Uh-huh. Oh, I'm aware that
9 you have those concerns.

10 LINDA SNYDER: And that's what we want,
11 too. We want to, you know, resolve -- you know, to
12 move forward.

13 DR. COTTON: So what would be considered
14 res- -- resolution?

15 LINDA SNYDER: Well, that's what he's
16 informing you of.

17 DR. SNYDER: Well, I'm looking for
18 fairness, honesty and justice.

19 Now, what to you would be a just
20 resolution?

21 DR. COTTON: Well, I'm not the one that
22 feels hurt, so my concept of justice doesn't seem to
23 be at issue here.

24 DR. SNYDER: What is your concept of
25 justice?

1 DR. COTTON: I don't need a concept of
2 justice in this -- in this situation. I'm looking
3 out for your long-term career goal and balancing that
4 with patient safety.

5 DR. SNYDER: So do you --

6 DR. COTTON: So --

7 LINDA SNYDER: What is -- what is justice
8 to Jeffrey?

9 DR. COTTON: Right.

10 LINDA SNYDER: That's his question.

11 DR. COTTON: What is --

12 DR. THURMAN: Yeah, that's -- that's the --

13 DR. COTTON: No, what -- what is justice?

14 DR. THURMAN: That's the -- that's the real
15 question. It does no good for Jeffrey to ask
16 Dr. Cotton. She's the program director. She just
17 said she wants to educate residents, of course,
18 and -- and not release them on humanity when they're
19 not ready. That's just a simple --

20 DR. COTTON: Right.

21 DR. THURMAN: -- fundamental goal.

22 DR. COTTON: Right.

23 DR. THURMAN: That's nothing -- that --
24 that -- there's nothing evil about that.

25 DR. COTTON: Right.

1 LINDA SNYDER: No, there's not.

2 DR. SNYDER: Well --

3 DR. THURMAN: That's a simple goal.

4 DR. SNYDER: -- the thing is, though --

5 DR. COTTON: What justice -- what -- what

6 are you looking for in justice?

7 DR. THURMAN: Yeah. It's more important --

8 DR. COTTON: What does that mean to you?

9 How will you feel --

10 DR. THURMAN: -- you telling us what you

11 need --

12 DR. SNYDER: Well --

13 DR. THURMAN: -- in order to feel --

14 DR. COTTON: What would it take for you to

15 walk away from this --

16 DR. THURMAN: Yeah.

17 DR. COTTON: -- and be, like, "Okay, I can

18 move on."

19 DR. SNYDER: Let me explain. This -- this

20 entire circumstance, though, involves many

21 individuals and various entities. Okay?

22 DR. COTTON: Uh-huh.

23 DR. SNYDER: This doesn't just involve me.

24 This isn't just about what's for me. This is

25 involving many other people. Okay?

1 Now, in terms of resolution, things you're
2 discussing, you know, that is a private and personal
3 issue. Those are topics of discussion that are
4 private and personal between my attorneys, who are
5 representing me and discussing that with Mr. Price.
6 Okay?

7 But, you know, I'm here today, though, and
8 I'm more than happy to listen to whatever you all
9 have as options, though. So that's why I'm here.

10 DR. COTTON: How comfortable do you feel
11 with this reprimand?

12 DR. SNYDER: I -- I think I've been -- I
13 think there's been many -- many times where I've had
14 many concerns about things. I am open to any options
15 that you all have.

16 DR. COTTON: Uh-huh.

17 DR. SNYDER: I mean, how comfortable are
18 you with me in this program?

19 DR. COTTON: It doesn't matter how
20 comfortable I feel with you in the program.

21 DR. SNYDER: It doesn't matter?

22 DR. COTTON: Well, my feelings about you
23 don't matter. I have to just document competency.
24 My -- I don't have to personally --

25 DR. SNYDER: You don't have any feelings

1 towards me?

2 DR. COTTON: I don't need to express

3 personal --

4 DR. SNYDER: Okay.

5 DR. COTTON: -- feelings about you. You

6 know, I have to educate residents and I have to

7 document competency, so that's my role as program

8 director.

9 DR. THURMAN: I think the operative

10 question is --

11 DR. COTTON: Yeah.

12 DR. THURMAN: -- would -- would she still

13 be willing to train you after all is said and done.

14 DR. COTTON: Right.

15 DR. THURMAN: And I think the answer is,

16 obviously --

17 DR. COTTON: Yeah.

18 DR. SNYDER: Okay.

19 DR. COTTON: I could do it.

20 LINDA SNYDER: That's what he's trying to

21 ask.

22 DR. COTTON: Would it be difficult?

23 DR. THURMAN: Yeah.

24 DR. COTTON: Yeah, I mean --

25 DR. THURMAN: But that's not the same

1 question as, "What are your feelings for me," you
2 know.

3 DR. COTTON: Yeah. Yeah.

4 DR. THURMAN: They're different.

5 DR. COTTON: Right.

6 LINDA SNYDER: Right. Right.

7 DR. THURMAN: Those are different --

8 LINDA SNYDER: But you -- at least you
9 should --

10 DR. SNYDER: Well, she kind of asked me if
11 I was comfortable in the -- in the program --

12 DR. THURMAN: So --

13 LINDA SNYDER: Right.

14 DR. SNYDER: -- so I kind of was asking her
15 the same question --

16 LINDA SNYDER: Yeah.

17 DR. SNYDER: -- in response.

18 LINDA SNYDER: And it -- it was the same
19 kind of question --

20 DR. THURMAN: So she has --

21 LINDA SNYDER: -- related to Jeffrey.

22 DR. THURMAN: She has to be willing to be
23 able to see through this and know that they're going
24 to come to an agreement to go ahead and train him.
25 He has to be willing to do the same thing

1 about this program --

2 DR. SNYDER: And I'm completely --

3 DR. THURMAN: -- to be feeling like he can

4 drop anything that's going on and continue on with --

5 DR. COTTON: Right.

6 DR. THURMAN: -- us training him, and that

7 will include continuing to -- giving him feedback in

8 the future about how he's doing and him accepting

9 that feedback and criticisms.

10 DR. COTTON: Right.

11 LINDA SNYDER: I just know that he is a

12 very cooperative person --

13 DR. THURMAN: Yeah.

14 LINDA SNYDER: -- you know, over the years

15 and all through --

16 DR. THURMAN: So if you're willing to do

17 that, that's one --

18 LINDA SNYDER: He's always been very --

19 DR. THURMAN: -- that's one of the

20 pathways. She just outlined that. That's one of the

21 options in coming back.

22 We need a fit-for-duty report from whoever

23 you choose that is a -- that is a psychol- --

24 psychologist.

25 DR. COTTON: Uh-huh.

1 DR. THURMAN: That gets you back into
2 working in patient care in -- in this program, and
3 then fulfilling the rest of the requirements of the
4 probation.

5 DR. SNYDER: Which over- --

6 LINDA SNYDER: How long is that going to
7 last? The probation.

8 DR. SNYDER: What are the requirements of
9 my probation?

10 LINDA SNYDER: When --

11 DR. COTTON: That has to be something
12 that -- if -- if we end up at a place. It actually
13 isn't a continuation of the last probation, you would
14 be starting --

15 LINDA SNYDER: A new probation?

16 DR. COTTON: -- a new probation. And it
17 cannot be more than three months because that's --
18 that's by the handbook.

19 DR. SNYDER: But you are saying, though,
20 I'm still on probation right now?

21 DR. COTTON: Yeah.

22 DR. THURMAN: Well, you would be when
23 you -- you -- you would start back --

24 DR. COTTON: You're not --

25 DR. THURMAN: -- because you never

1 really --

2 DR. COTTON: You're not not on probation,

3 so --

4 DR. THURMAN: You never really --

5 DR. COTTON: -- you're on probation.

6 DR. THURMAN: You never really completed

7 it.

8 DR. COTTON: Right.

9 DR. THURMAN: And it's not -- probation

10 isn't --

11 DR. SNYDER: But she just said that I'd

12 have to start a new probation --

13 DR. THURMAN: Yeah.

14 LINDA SNYDER: Yeah.

15 DR. SNYDER: -- because you're telling me I

16 didn't complete it.

17 LINDA SNYDER: That's confusing.

18 DR. SNYDER: It sounds -- sounds kind of

19 confusing.

20 DR. THURMAN: But you were gone and you

21 were- -- you weren't able to demonstrate competency

22 during your probationary period.

23 DR. COTTON: Right.

24 DR. THURMAN: That's what was required.

25 DR. COTTON: Right.

1 LINDA SNYDER: So why would --

2 DR. THURMAN: So --

3 LINDA SNYDER: -- he not get to continue
4 what he'd previously already done through probation?

5 DR. THURMAN: He would get to continue --
6 he -- well, he could start back --

7 LINDA SNYDER: You know, because there was
8 a certain amount of time that he was on probation
9 previously.

10 DR. THURMAN: Yeah.

11 DR. COTTON: Right.

12 LINDA SNYDER: So why would that not be
13 counted towards the 90 days?

14 DR. COTTON: Right. Well, because
15 probations can be extended because I gave -- I gave a
16 certain amount of time, but at the end of that
17 there's a reconsideration and you can be -- you can
18 be dismissed from the program, you can be -- continue
19 on probation --

20 DR. THURMAN: Or released.

21 DR. COTTON: -- or be released from
22 probation.

23 And under this circumstance, you would
24 need -- because of the types of concerns that brought
25 about the probation to start with, you would have to

1 still be on probation so that -- you know, because we
2 need to show that those issues are -- are -- we can
3 see evidence that those things have been overcome.

4 DR. SNYDER: And you just said --

5 DR. THURMAN: If he can demonstrate that
6 evidence.

7 DR. COTTON: Right.

8 DR. THURMAN: If he can -- if he
9 did come -- come back and --

10 DR. COTTON: Right.

11 DR. THURMAN: -- start working in rotations
12 and studying again.

13 DR. SNYDER: You just said that my
14 probation could be extended; is that correct?

15 DR. COTTON: Yeah.

16 DR. SNYDER: Okay. And you also said my
17 probation -- or I know that my probation was supposed
18 to end July 31st. It was my opinion it ended
19 July 3rd. I wasn't provided any sort of
20 documentation that said it was extended.

21 And you said I'm still on probation right
22 now, though?

23 DR. COTTON: Well, you're still on
24 probationary status in that you're not -- you're
25 not -- you're not in good standing with the program

1 at this point.

2 The leave of absence did make things muddy.

3 I will --

4 DR. THURMAN: Yeah.

5 DR. COTTON: It is. It's muddy. I will --

6 I am totally there. It's very unusual, the

7 not-fit-for-duty thing. Highly unusual. So that

8 muddies it. It does.

9 But the reason that was there was in the

10 interest of patient care, patient safety. Okay? So

11 there's that muddy part.

12 Now, we're looking backwards again. I find

13 ourselves looking backwards again. And you want --

14 I'm seeing you want some clarification, some --

15 something clear about how all that went. There is a

16 muddy period there. And I don't know that any amount

17 of talking together will somehow bring clarity to

18 that -- that paid leave of absence period. Okay?

19 However, the not fit for duty, put that

20 into that arena.

21 DR. SNYDER: So am I on probation right

22 now, or leave of absence, or suspension? Just to be

23 clear of my status right now.

24 DR. COTTON: Uh-huh. You're on a leave of

25 absence.

1 LINDA SNYDER: While ago it was a
2 probation.

3 DR. COTTON: You are -- you can be more
4 than one thing. You're --

5 LINDA SNYDER: Oh, is that right?

6 DR. THURMAN: Yeah.

7 DR. COTTON: Well, sure. You can --

8 LINDA SNYDER: You can be on both at the
9 same time?

10 DR. COTTON: Yeah.

11 DR. SNYDER: And is my leave of absence --
12 my leave of absence is in no way similar to a
13 suspension?

14 DR. COTTON: No.

15 DR. SNYDER: It's not?

16 DR. COTTON: It's different. It's
17 different. Because the intent of it was not -- the
18 intent of a leave of absence is to give someone time
19 to work on something.

20 DR. SNYDER: I have been --

21 DR. COTTON: The suspension is -- is -- the
22 purpose is completely different.

23 DR. SNYDER: I have been removed from
24 program duties.

25 DR. COTTON: Uh-huh.

1 DR. SNYDER: I'm not working in -- at the
2 clinic right now, or at the hospital.

3 DR. COTTON: Uh-huh.

4 DR. SNYDER: That is what a suspension is.

5 LINDA SNYDER: Exactly. That's according
6 to the handbook, you know.

7 DR. COTTON: Your not-fit-for-duty letter
8 made it necessary to provide you an opportunity to
9 work on something.

10 If I had -- if I had put you on suspension
11 and there had been a review at that point, whether to
12 keep you or let you go, what do you think would have
13 happened at that point?

14 DR. SNYDER: I really don't know. And that
15 would be your decision to make, right?

16 DR. COTTON: No, it wouldn't be. That --

17 DR. SNYDER: Yes, it would.

18 DR. COTTON: It would be a committee's
19 decision.

20 DR. SNYDER: Okay. Well, committee --

21 DR. COTTON: Right. You would have been
22 dismissed, and that doesn't get you to your goal of
23 finishing.

24 DR. SNYDER: There's always --

25 DR. COTTON: So I was trying to --

1 DR. SNYDER: There's always --

2 DR. COTTON: -- provide an opportunity for
3 you to work on that.

4 You were going to say "there's always"
5 what?

6 DR. SNYDER: There's always resolutions
7 past actions that are taken by individuals. There is
8 al- -- always other procedures that can be -- and
9 protocols that can be followed. So even though --

10 DR. COTTON: In this circumstance, what do
11 you mean by that?

12 DR. SNYDER: Even though you say that
13 there's a committee that would have dismissed me,
14 there's always other things that can be taken and
15 move forward. So whether that be the decision that
16 people make, I still have other routes.

17 DR. COTTON: Uh-huh. Like what?

18 DR. SNYDER: I'm not going to get into any
19 details here today.

20 LINDA SNYDER: We're just trying to do the
21 right thing in life, you know.

22 DR. COTTON: Uh-huh.

23 LINDA SNYDER: And that's true for any
24 time.

25 DR. THURMAN: Okay. The fact that we're

1 characterizing it as a "leave of absence" and you are
2 demanding that we call it a "suspension" does not
3 help us with this conversation.

4 Does everybody agree?

5 DR. SNYDER: I would --

6 LINDA SNYDER: Agree.

7 DR. SNYDER: I would agree.

8 LINDA SNYDER: We agree.

9 DR. THURMAN: I'm -- she's the only one
10 agreeing with me, so --

11 LINDA SNYDER: He said -- he said he
12 agrees, too.

13 DR. THURMAN: Okay.

14 DR. SNYDER: I would like to let me have my
15 opportunity to even answer. I'd like to answer that
16 question.

17 DR. THURMAN: Okay. Do you agree?

18 DR. SNYDER: Okay. I would agree that
19 there -- we need to move forward towards a
20 resolution, but I think it's awfully odd and -- and
21 is inappropriate the way things are handled, the way
22 we're even calling things, the way we're -- the way
23 actions were taken.

24 I'm only making a point that things are not
25 followed appropriately.

1 LINDA SNYDER: We're not even following
2 the --

3 DR. SNYDER: I'm not --

4 LINDA SNYDER: -- handbook --

5 DR. SNYDER: I'm not --

6 LINDA SNYDER: -- you know.

7 DR. SNYDER: I'm not trying to sit here and
8 just say, "Oh, it's dismissed, it's suspension, leave
9 of absence, not probation." I'm only saying that as
10 an example. That is an example of many examples.

11 So does that help resolve something? I'm
12 just making a point. Okay? That's it.

13 DR. THURMAN: Okay. And your point is --
14 does not fall on deaf ears. I completely understand
15 and validate your point.

16 That being said, let's take a deep breath
17 and think about moving forward.

18 Now, whether it seems good to you that when
19 you -- that after -- let's talk about the fit for
20 duty. I think that that step could be done easily.

21 Entering back in. It's our contention that
22 you're still under probationary status, so entering
23 back in, seeing patients again -- let me finish.

24 DR. SNYDER: I'm ready.

25 DR. THURMAN: -- you have -- you will earn

1 your right through competency to be released from
2 probation. You will show that you're doing all the
3 things right that -- that satisfy all the concerns
4 that Dr. Cotton had. And in doing that, you will --
5 having done that, you will then be released from
6 probation once you start back, if you choose to come
7 back and start back.

8 Once that goes on, you will continue on
9 with the remainder of your residency and you will
10 still get quarterly evaluations and the whole
11 nine yards. And you'll still get different rotations
12 that you're on.

13 And if there's no problems in the future,
14 there won't be any further probationary problems,
15 there won't be any further anything. That is one of
16 the options.

17 Okay. So getting the fit for duty, coming
18 back on probation for that period to be able to be
19 released from it after you're doing good, once
20 you're -- once you're back, which I think is fair
21 since we've had so much out -- out of time and all
22 that happen, and then finish out your residency.

23 Now, there -- there is another op- -- there
24 is another pathway, but I want to make sure we keep
25 the -- the discussion moving.

1 There's a third pathway that involves --
2 this is -- this -- this would be utilized if you
3 were -- just wanted to be in a different program and
4 just felt like you'd be more fairly treated just in a
5 completely different program. If you wanted to
6 transfer to a different residency.

7 Do you want to discuss --

8 DR. COTTON: Uh-huh.

9 DR. THURMAN: -- how that would go down?

10 DR. COTTON: Because that -- the nature of
11 our relationship has -- it's not positive at this
12 point. You're feeling angry toward the situation.

13 LINDA SNYDER: He's unhappy.

14 DR. COTTON: Yeah.

15 LINDA SNYDER: He wanted --

16 DR. COTTON: Right. And we can -- yeah.

17 LINDA SNYDER: Not angry, unhappy.

18 DR. COTTON: Yeah. Okay. You have less
19 than positive feelings about how things have gone.
20 You may not -- you may not want to have to deal with
21 this program anymore. You could choose that.

22 DR. THURMAN: And in doing so, what would
23 happen -- if that -- if that is the pathway that --
24 that you choose, there would be some agreement on how
25 this whole situation was characterized to the next

1 program director at whatever program you chose that
2 would be an agreed on -- basically, the discussion
3 between you so that you would know exactly if they --
4 if they asked Dr. Cotton --
5 DR. COTTON: "Describe" --
6 DR. THURMAN: -- "Describe what happened
7 during this."
8 DR. COTTON: -- "that period of time."
9 DR. THURMAN: It would be a stated
10 statement that was agreed upon by you so you'd know
11 that --
12 DR. COTTON: Yeah, so you wouldn't have
13 to --
14 DR. THURMAN: -- nothing --
15 DR. COTTON: -- worry what that looked
16 like.
17 DR. THURMAN: You would not be
18 characterized in any weird way with this other
19 program that you're trying to get into or something,
20 it would be, you know --
21 DR. COTTON: Something that you would --
22 DR. THURMAN: -- something that you would
23 approve of.
24 DR. COTTON: Which this period of time in
25 your training career will be -- will have to be

1 described by me from time to time as -- so that's
2 something that I'm -- you probably have had thoughts
3 or concerns about.

4 And so -- so that description is there,
5 kind of -- kind of regardless of which direction this
6 goes. The only difference in the way that
7 description is, is that -- how the end of it is
8 described.

9 So what do you think about that?

10 DR. SNYDER: That is something that I'm
11 going to have to discuss with my attorneys about and
12 they will discuss it with Mr. Price.

13 DR. COTTON: Okay.

14 DR. THURMAN: So dismissal, which nobody
15 wants.

16 Coming back under the terms that we talked
17 about with the fit for duty and then finishing out a
18 new probationary period, just to make sure
19 everything's hunky dory between everybody as being
20 released on -- on a probation after that period was
21 done and finishing residency here.

22 Or us assisting your wishes to find a
23 different program and portraying that -- help --
24 helping that transition to the best of your -- you
25 know, to -- to be more successful.

1 And -- and that's the three main kind of
2 pathways that I see.

3 There might be another one that you guys
4 have thought of, and we're -- and we're all ears if
5 there is. We're -- we're -- we're very open to try
6 to get some kind of thing moving forward, as -- as I
7 think I've tried to portray.

8 So if there is, we're -- we're -- we're
9 willing to -- to hear a fourth pathway if you
10 could -- if you guys have thought of one.

11 DR. SNYDER: No.

12 DR. THURMAN: But, definitely, one of the
13 first three, we're willing -- again, the choice is
14 ultimately yours in which one you'd rather do.

15 DR. SNYDER: You -- I mean, like I said,
16 this -- this -- I mean, you all have decisions to
17 make as well.

18 DR. COTTON: Uh-huh.

19 DR. SNYDER: I mean, this isn't --

20 DR. COTTON: I get a --

21 DR. SNYDER: -- just on me.

22 DR. COTTON: It's true -- well, I can make
23 a decision, but I get a -- and please correct me if
24 I'm wrong here, but I get a sense that you kind of
25 are looking for me to dismiss you.

1 DR. SNYDER: I don't know why you would say
2 that.

3 DR. COTTON: Well --

4 DR. THURMAN: Well, because you just keep
5 saying stuff like, "Well, you have a decision to
6 make. You should" --

7 DR. COTTON: Right.

8 DR. THURMAN: I mean, I'm --

9 DR. SNYDER: What I'm saying is --

10 LINDA SNYDER: So I guess when she brought
11 it up --

12 DR. COTTON: So -- so correct me if I'm --
13 so correct me if I'm wrong, but -- but the -- but
14 the -- I get a -- I get a sense of that, just in
15 that -- just talking about, you know, "I have other
16 pathways. I have other things." There's a lot of --
17 kind of --

18 LINDA SNYDER: I guess because you
19 mentioned it.

20 DR. COTTON: -- general term --

21 LINDA SNYDER: You mentioned it --

22 DR. COTTON: -- speech.

23 Well, the -- well, it's real. I mean --

24 LINDA SNYDER: -- first, you know, to him.

25 DR. COTTON: -- to be real. Well, I did

1 because I --

2 LINDA SNYDER: And that's when he said,

3 "Well, that's your decision," you know --

4 DR. COTTON: Well, ultimately, it would be.

5 LINDA SNYDER: -- and that's the only

6 reason he came back with that response --

7 DR. COTTON: Ultimately, it would be,

8 but --

9 LINDA SNYDER: -- you know, so that's the

10 reason the topic --

11 DR. COTTON: -- that the long-term --

12 LINDA SNYDER: Yeah.

13 DR. COTTON: -- the way that looks

14 long-term to future employers and all the things that

15 you'll ever do, that's the least --

16 DR. THURMAN: The -- yeah.

17 DR. COTTON: -- the least positive --

18 DR. THURMAN: Yeah.

19 DR. COTTON: -- way of -- of looking at all

20 of this.

21 DR. THURMAN: The other --

22 DR. SNYDER: Well, I --

23 DR. THURMAN: The other pathways are

24 better.

25 DR. SNYDER: Let me -- let me see --

1 DR. COTTON: They look better.

2 DR. SNYDER: Let me see if I can clarify
3 this.

4 I never said anything about you dismissing
5 me --

6 DR. COTTON: Uh-huh.

7 DR. SNYDER: -- at all.

8 LINDA SNYDER: That's correct.

9 DR. SNYDER: I only said that you have
10 decisions and choices that you can make as well
11 throughout this process, just as you have done all
12 throughout this process so far.

13 So, yes, you do have decisions to make as
14 well. Okay?

15 In regards to another option, which I'm
16 assuming that you do not mention this because it is
17 not an option, but the handbook also does mention
18 that my probation could be removed as another option,
19 but y'all have already mentioned that it would not be
20 removed, so I guess we'll move past that.

21 LINDA SNYDER: Yeah.

22 DR. COTTON: Yeah, I wouldn't -- that --
23 that's -- based on the nature of the clinical
24 decision-making concern, starting back not on
25 probation is -- I would not make that decision.

1 DR. SNYDER: Okay.

2 DR. COTTON: You're correct.

3 DR. THURMAN: But that being said, because
4 of the time out and the fact that you haven't been
5 going through continuously patient care --

6 DR. COTTON: Uh-huh.

7 DR. THURMAN: -- I mean, we -- we would
8 want to watch anybody that was coming back in --

9 DR. COTTON: Yeah.

10 DR. THURMAN: -- closer. And whether you
11 call that -- I mean, even if it's for -- for our
12 own -- for the concerns that initiated it, some of
13 the things -- the decisions about on-call and some of
14 those things, we want to see that that is not a -- an
15 ongoing concern before we --

16 DR. SNYDER: But you wouldn't --

17 DR. THURMAN: -- completely took somebody
18 off probation. And I --

19 DR. SNYDER: But you would need to --

20 DR. THURMAN: -- think that's implied, that
21 from a residency training standpoint, that's the
22 better decision, even though you're probably -- as a
23 matter of fact, in your case you'd rather just not be
24 on any kind of --

25 LINDA SNYDER: Well, that was --

1 DR. THURMAN: -- probation. I understand
2 that.

3 LINDA SNYDER: You know, it was the --

4 DR. THURMAN: Yeah.

5 LINDA SNYDER: -- you know, the
6 university's -- or Dr. Cotton's call to have him
7 leave, you know, the residency, you know, on the
8 leave of absence or pro- -- longer probation, you
9 know, that you speak of. So, you know, that's the
10 reason for that, you know. But, you know, it just --

11 DR. SNYDER: And you just said that --
12 that -- whether you call it "probation" or not, I
13 mean -- I mean, like I said, that's something that
14 y'all could decide upon, whether you call it a
15 "probation" or not.

16 I mean, I know y'all are definitely aware
17 of this, that OSU is a learning institution. It's a
18 place that you should train and educate doctors to
19 learn from their experiences.

20 Personally, I do not feel that that has --
21 that has been the opportunity for me. I feel like
22 there has -- there has been instances. There has
23 been instances where obviously I have learned a
24 tremendous amount, but there has been other
25 opportunities where I think that that has not been

1 followed.

2 LINDA SNYDER: What others are doing here,
3 you know. There's major circumstances, you know,
4 that Jeffrey knows, and nothing's been done to those
5 residents.

6 But with him, with something minor, you
7 know, all this has taken place.

8 But, like you said, you know, it's a
9 learning environment and, you know, if -- it's -- you
10 know, it's a place to make them all become better
11 doctors and not pick on someone that's, you know,
12 done something, you know, very, very, you know, minor
13 of anything, you know, where someone else has done
14 some major things and they're not called on the
15 carpet, you know, to be told anything.

16 DR. COTTON: Well, the -- I think that the
17 definition of "major" and "minor" probably belongs
18 within the realm of the medical educators, so --

19 LINDA SNYDER: Well, it's not like he, you
20 know, tried to hurt some indi- -- patient.

21 DR. COTTON: Uh-huh. Uh-huh.

22 LINDA SNYDER: There's nothing that -- on
23 record of that. Or, you know, almost caused someone
24 to die, you know. I mean -- but, you know --

25 DR. COTTON: Well --

1 LINDA SNYDER: -- we're --

2 DR. COTTON: -- looking at --

3 LINDA SNYDER: -- I meant, you know --

4 DR. COTTON: Yeah. The --

5 LINDA SNYDER: -- pulling someone out of,
6 you know, training, you know, for what reasons.

7 DR. COTTON: Uh-huh.

8 LINDA SNYDER: And that's what we're
9 looking at.

10 DR. COTTON: I have examples of reasons of
11 the concerns that were brought to me by myself, as
12 well as other people in the department --

13 LINDA SNYDER: Uh-huh.

14 DR. COTTON: -- that were concerning enough
15 to put you on academic probation.

16 DR. SNYDER: And they were probationary
17 concerns -- just to clarify this -- that were
18 documented only by you throughout this process.

19 DR. COTTON: I did take time to document
20 several examples.

21 DR. SNYDER: Okay. You were the only one
22 who documented probationary concerns throughout this
23 process.

24 DR. COTTON: No.

25 DR. THURMAN: No.

1 DR. SNYDER: That is the only probationary
2 concerns that I have received that are referring to
3 probationary --

4 DR. THURMAN: But it's the -- it's the
5 medical program director to -- to be a -- a
6 clearinghouse for all those concerns that --

7 DR. COTTON: Uh-huh.

8 DR. THURMAN: -- that other faculty bring.
9 And then that is -- gets documented whenever you get
10 put on probation by the program director. But
11 that -- Dr. Cotton is not the only one with
12 concerns --

13 DR. SNYDER: Let me explain. Okay?

14 DR. THURMAN: -- about your competence,
15 Jeffrey.

16 DR. SNYDER: Let me explain this very
17 clearly.

18 The documentation that I have received from
19 Dr. Cotton April 23rd or April 22nd had concerns only
20 listed by her. I just wanted to make that clear.

21 DR. COTTON: That's true. Those are
22 examples --

23 DR. SNYDER: Okay.

24 DR. COTTON: -- that I, myself, witnessed
25 that week.

1 DR. SNYDER: If there were any other
2 examples --

3 DR. COTTON: Uh-huh.

4 DR. SNYDER: -- then they should have been
5 provided to me. That would be, I think -- why not?

6 LINDA SNYDER: When -- when he's being put
7 on probation --

8 DR. SNYDER: Why would they not be provided
9 to me?

10 LINDA SNYDER: -- and they're not provided?

11 DR. THURMAN: Now, the program director --

12 DR. COTTON: Those are all educational
13 things that happen all the time --

14 DR. THURMAN: Yeah.

15 DR. COTTON: -- after they're brought to
16 you. I mean, I can't -- I don't keep a clearinghouse
17 of every mistake that every resident --

18 DR. SNYDER: I think Dr. Thurman just said
19 that there have been many other people that bring
20 information to you as the program director --

21 LINDA SNYDER: Right.

22 DR. SNYDER: -- to then present to me.

23 LINDA SNYDER: Right.

24 DR. THURMAN: The --

25 LINDA SNYDER: And he didn't have it

1 presented.

2 DR. THURMAN: The -- you -- you did have it
3 presented. I mean, you had -- it -- it was -- you
4 know, it wasn't -- maybe you're talk- -- you're
5 mixing it with specific examples, but the overall
6 concerns about the focus, and following instructions,
7 and -- and not listening, and doing the same thing
8 over again after having something said, that didn't
9 come from just one person.

10 But, you know, you -- as a program director
11 and the way GME training works, Jeffrey, you should
12 know that faculty work with you at different times
13 and then they go back and talk to the program
14 director, who's kind of the head of the residents,
15 and says their con- -- their -- their concerns to
16 that.

17 It's not a written out thing. It's not a
18 memo. It's not always in e-mail form. It's not --
19 but sometimes it's just coming from all these
20 different angles.

21 DR. SNYDER: Do you not think it would be
22 good to have other specific documented concerns
23 provided to me from other attending physicians?

24 DR. THURMAN: No. I think if -- if on- --
25 if one -- if only one person witnesses something that

1 you do that is inappropriate to patient care, that's
2 one too many.

3 DR. SNYDER: That's all I'm saying. Just
4 making a point.

5 LINDA SNYDER: I guess it would --

6 DR. SNYDER: Dr. Cotton's the only one --

7 LINDA SNYDER: I guess it would be
8 helpful --

9 DR. SNYDER: -- that has documented these
10 things.

11 LINDA SNYDER: -- to any resident, though,
12 to know -- one that I worked with, you know, John
13 Smith, or whatever, this is what happened.

14 And the -- of course, the program
15 director's job would be to present it to the resident
16 as a complaint.

17 DR. THURMAN: It is the program director's
18 job to make a final --

19 LINDA SNYDER: But --

20 DR. THURMAN: -- a decision on somebody's
21 level of confidence and whether they had concerns.
22 And Dr. Cotton did that job.

23 LINDA SNYDER: Uh-huh.

24 DR. THURMAN: I think what's being voiced
25 here, Jeffrey, is you're sort of -- this is -- this

1 is an evidence (phonetic) of your distrust with this
2 program, that you don't believe in those first
3 complaints that Dr. Cotton had. Even to this day,
4 you don't think that you did anything wrong.

5 LINDA SNYDER: Well, he has --

6 DR. THURMAN: And that is a significant
7 problem because that shows a lack of insight at this
8 point that even -- I don't know if he is -- he's
9 upset about the other stuff, but that's -- that's
10 concerning to me because if some- -- somebody doesn't
11 realize that they've done one thing wrong amongst all
12 those things, the odds of them returning back and
13 being successful are very small.

14 DR. SNYDER: Let me -- let me clarify --

15 DR. THURMAN: So you did nothing wrong
16 through any of this. At the very beginning in
17 patient care, you made no mistakes. After all those
18 things that she documented, you still feel like you
19 did nothing wrong?

20 DR. SNYDER: Let me clarify and answer your
21 question.

22 I believe that there are things that I can
23 improve upon here at the hospital.

24 I think there are things that every
25 resident can improve upon as we work in the clinic or

1 at the hospital.

2 I believe I have performed on par with any
3 resident up here.

4 And as far as the probation is concerned --
5 you know, as far as the probation's concerned, I
6 think that there -- and I -- I've mentioned this
7 before. I sat down with both of you all, Dr. Cotton
8 and Dr. Thurman, in a meeting we had, I believe on
9 April 23rd, and there were many, many, many factually
10 inaccurate things in the documentation that was
11 written up by Dr. Cotton. Okay?

12 I have evidence to prove that, with the
13 medical record as well. Okay?

14 There are -- some of the things are true.
15 Some of the things are inaccuracies. There are many
16 inaccuracies in that documentation. Okay?

17 And, to me, it's not fair that this
18 documentation was provided down the line to other --
19 other sources. That isn't fair. And I discussed all
20 this with you all that day. I very politely and
21 respectfully stated my positions on all these items.

22 There have been many occurrences in that
23 document, just to let you all know, where there is
24 things that are said where I was supposedly taught --
25 told this or that about something on a certain

1 patient, and then the next day he just didn't do it.

2 He didn't do what he was told.

3 That is not the case. I met down -- I met
4 and spoke with Dr. Cotton one-on-one casually one
5 evening, and then she told me some things.

6 I made every attempt from then forward to
7 follow her direct instructions.

8 And besides that, without getting into too
9 many details here, the handbook was not followed, as
10 I said, very clearly on the probation itself. Okay?

11 There's a couple different options. I can
12 be given a period of time to resolve the
13 deficiencies. It was elected not to give me that
14 period of time to resolve the deficiencies. Okay?

15 Or this probation, if I'm considered
16 detrimental to patient care, can be implemented
17 immediately. I'm detrimental, under Dr. Cotton's
18 eye, as to patient care. It should then be
19 implemented immediately. These are things that
20 occurred in the middle of March. My probation did
21 not start until May 1st.

22 Does that concern anyone? What do y'all
23 think about that?

24 DR. THURMAN: I think it's -- it's fodder
25 for lawyers. I think it's splitting hairs and it's

1 not the real thing that we should be talking about
2 right now because --

3 LINDA SNYDER: But this is what happened.

4 DR. THURMAN: I know, but if --

5 LINDA SNYDER: That's the reason he --

6 DR. THURMAN: -- but if your interest,
7 again, is to just catch somebody in -- and worry
8 about syntax, worry about this, worry about how
9 they're stating themselves and -- and what date
10 something finally happened, yet was finally caught.

11 LINDA SNYDER: Well, it involves you as a
12 resident.

13 DR. THURMAN: Yes. But residency training
14 doesn't happen that fast where you get all the
15 information that you need, and the next day you've
16 got it written up and you call them in.

17 If it was that bad, she would have removed
18 you from patient care immediately --

19 DR. SNYDER: If Dr. Cotton --

20 DR. THURMAN: -- and not allowed you to
21 continue from that moment. She would have dismissed
22 you --

23 DR. SNYDER: With the position --

24 DR. THURMAN: -- as --

25 DR. SNYDER: -- that Dr. -- with the

1 position and authority that Dr. Cotton has, I am
2 quite certain that if she wanted to place me on
3 probation immediately, she could.

4 I've discussed this with Dr. Allbright.
5 She completely understands what's happened here.
6 That's a direct contradiction, placing me on
7 probation immediately, and what occurred. That
8 contradicts whether I was really a detriment to
9 patient care.

10 LINDA SNYDER: Yeah, that's a concern --

11 DR. SNYDER: That doesn't make any sense.

12 LINDA SNYDER: -- for your patients.

13 DR. SNYDER: Any rational person can come
14 to that conclusion.

15 DR. THURMAN: Well, what did -- so since
16 you're going down this direction, do you have a point
17 that involves what to do for the future?

18 DR. SNYDER: Well, I'm -- I'm --

19 DR. THURMAN: We're just still digging and
20 re-hashing the old stuff.

21 LINDA SNYDER: Well, we're talking about
22 probation.

23 DR. THURMAN: This is still re-hashing --

24 LINDA SNYDER: Yeah.

25 DR. THURMAN: -- the old stuff. Okay.

1 DR. SNYDER: You know, let me explain. I'm
2 just asking some questions, and I was asking for a
3 response. If y'all don't want to give me a response
4 to that -- I think it's completely clear and
5 something that should've -- should deserve a
6 response, but if you want to move past it, we won't
7 discuss it anymore.

8 DR. THURMAN: Well, I just -- I -- I feel
9 like there's no way that -- that -- I mean, you're
10 trying to hold any program director in the country to
11 a standard that no program director does, in terms of
12 being omniscient and omnipresent and knowing how
13 everything is going from everybody's standpoint and
14 then reacting on it immediately.

15 Dr. Cotton put that report together and did
16 the same thing that she's done with anybody who's had
17 any kind of issues with probation, and she went down
18 the same way.

19 The only thing that made your whole thing
20 separate was the not-fit-for-duty letter. And if
21 that hadn't existed, we wouldn't be sitting here
22 today.

23 So let's -- and that -- that's not even
24 something I decided or Dr. Cotton decided. So let's
25 get the not-fit-for-duty thing to the side and

1 that's -- that's your issues with other people.

2 That's not your issues with us.

3 But once we got that letter, we are held to
4 a standard to actually respond to that. And that's
5 why I think starting over and getting a fit for duty
6 from Allbright, or whoever you wish to get that from,
7 is one of the pathways that we can kind of move
8 forward.

9 But I don't think it's going to do us any
10 good at this point to talk about how quickly from
11 this that this other thing started or -- you know,
12 I -- I don't think that that's --

13 LINDA SNYDER: I guess that --

14 MS. COOPER: Moving forward.

15 DR. THURMAN: -- moving forward.

16 LINDA SNYDER: -- the not fit for duty or
17 fit for duty, either one --

18 DR. THURMAN: Yeah.

19 LINDA SNYDER: -- report would be even
20 involved if, again, the probation was never involved
21 and if it was done appropriately to say these are
22 the -- my concerns. You know, if you do not correct
23 these, you will be put on probation. That was never
24 informed to Jeffrey, you know. It was -- you know,
25 and it was never done immediately for patient care.

1 It was, you know --

2 DR. COTTON: The term --

3 LINDA SNYDER: -- as -- as it's stated in
4 the handbook.

5 DR. COTTON: In that context, the term
6 "immediate" means without that -- that period for
7 correction.

8 LINDA SNYDER: Uh-huh.

9 DR. COTTON: That's what that word
10 "immediate" means --

11 LINDA SNYDER: Uh-huh.

12 DR. COTTON: -- in that situation.

13 LINDA SNYDER: Uh-huh.

14 DR. COTTON: Not immediate, like tomorrow,
15 "immediate" means skipping that period.

16 DR. SNYDER: Which I was not provided the
17 period of time --

18 DR. COTTON: Right.

19 DR. SNYDER: -- to resolve the
20 deficiencies.

21 DR. COTTON: Because --

22 LINDA SNYDER: Yeah, he never --

23 DR. COTTON: Because the deficiencies were
24 such that providing a period -- that period of time
25 would have been inappropriate. So you were provided

1 with extra supervision.

2 DR. SNYDER: I was --

3 LINDA SNYDER: But he immediately --

4 DR. SNYDER: -- provided a time period of
5 over probably six weeks to wait around until the
6 immediate probation started.

7 LINDA SNYDER: Right.

8 DR. SNYDER: That's what I was provided.

9 LINDA SNYDER: Right.

10 DR. COTTON: Uh-huh.

11 LINDA SNYDER: And -- and it's supposed to
12 be done immediately, but --

13 DR. COTTON: Well, during that time, I --
14 but -- but during that time -- I don't take these
15 decisions lightly. I mean, these are not small
16 decisions. Okay?

17 I consulted/talked with the other faculty
18 in the department that supervise you and made sure.
19 It's, like, "Okay, here we are. This is what I'm
20 looking at. So what" -- you know, how do we -- how
21 would you advise that we go forward?"

22 Because it isn't a single decis- -- I mean,
23 I represent -- I have to write the letter, but I
24 don't act all by myself. I talk to the other people
25 that supervise you.

1 DR. SNYDER: You're getting their opinions
2 and advice --

3 DR. COTTON: Uh-huh.

4 DR. SNYDER: -- but you documented only
5 concerns from yourself?

6 DR. COTTON: Uh-huh.

7 DR. SNYDER: Okay.

8 DR. COTTON: Uh-huh.

9 LINDA SNYDER: So do we follow the handbook
10 at this -- you know, through OSU residents?

11 DR. COTTON: Uh-huh.

12 DR. THURMAN: Uh-huh.

13 LINDA SNYDER: We do?

14 DR. COTTON: Uh-huh.

15 DR. SNYDER: Okay.

16 DR. THURMAN: That's the difference that we
17 have about the past. I mean, we're not going to get
18 beyond that.

19 DR. COTTON: Right.

20 DR. THURMAN: We --

21 DR. COTTON: I don't ever see how we -- you
22 are going to agree that you think --

23 DR. THURMAN: We -- we feel that --

24 DR. COTTON: -- you didn't and you feel
25 that we didn't.

1 DR. THURMAN: We feel that the handbook was
2 followed and you feel that it wasn't. And that's not
3 an insurmountable barrier, by the way, because it
4 doesn't dictate what we do moving forward as much as
5 the way Jeffrey is -- is willing to move forward,
6 either with us or by his choice not with us.

7 But, you know, if -- if we -- if we want to
8 focus on something that we're not going to agree on,
9 that's not conducive to moving forward. It's not
10 progress.

11 Now, I would rather --

12 LINDA SNYDER: Well, he's willing to move
13 forward.

14 DR. THURMAN: Okay. So let's not focus on
15 asking us whether we followed the handbook, and you
16 feel like we didn't, because I'm going to always say
17 that we feel like we did.

18 LINDA SNYDER: Well, the -- the reason
19 why --

20 DR. SNYDER: Let me -- let me go and ask a
21 question.

22 DR. THURMAN: Yes.

23 DR. SNYDER: So do you all feel that
24 everything was handled appropriately down this entire
25 process?

1 DR. THURMAN: From Dr. Cotton's standpoint?

2 Yes. But I -- but I -- I don't know -- I can't speak
3 for the EAP and the stuff at the hospital. I mean,
4 but I just think from -- from the initial concern
5 that she had, and handling it, and putting you on
6 probation, I -- I think that that was appropriate.

7 DR. SNYDER: On the surface --

8 LINDA SNYDER: Do you feel that way, too,
9 Dr. Cotton?

10 DR. COTTON: I do feel like my decision to
11 put you on probation was appropriate.

12 LINDA SNYDER: So everything has been --

13 DR. THURMAN: No, not every- -- I mean,
14 the -- the problem -- you know, from -- from anything
15 that we had control of --

16 LINDA SNYDER: Uh-huh.

17 DR. THURMAN: -- we feel like that has been
18 appropriate.

19 The -- the thing that we have no control
20 of --

21 DR. COTTON: I don't have any qualms about
22 all that.

23 DR. THURMAN: -- was Barnes, a report that
24 we didn't even get to see, but she had a letter
25 saying you weren't fit, or that they wouldn't share

1 it with you.

2 We didn't -- that's not any -- I mean,
3 that's not in our realm. We didn't have control of
4 any of that. So, I mean --

5 LINDA SNYDER: But the handbook was
6 followed?

7 DR. THURMAN: Yeah. From the -- from the
8 standpoint of what she did --

9 DR. COTTON: From the probation
10 perspective.

11 DR. THURMAN: From the probation
12 perspective, I believe.

13 I mean, that -- and that's the thing,
14 you -- you certainly feel strongly that it wasn't,
15 and that will be something that we need --

16 DR. COTTON: I don't think we'll ever work
17 through.

18 DR. THURMAN: -- both sides will need to be
19 able to see beyond in order to get you where you need
20 to be, in terms of -- I mean, you want to be
21 board-certified internal medicine res- -- you know,
22 trained doctor. You want to finish your residency.

23 We're willing to see beyond that
24 disagreement about, "We feel like the handbook wasn't
25 followed and we feel like we did the right thing."

1 We're willing to see beyond that and look beyond that
2 if -- as long as you are. But I'm not so sure you
3 are because of how -- with what I'm seeing during
4 this meeting.

5 And so I would really like for you to do
6 some soul-searching and feel like what's going to
7 work best for you moving forward.

8 And if you're willing to see beyond that
9 and still continue to work with Dr. Cotton, we'll
10 have to -- she's still going to be your program
11 director. You're going to have to come to an
12 agreement. You have to trust her. You have to
13 accept criticism and feedback that's negative
14 sometimes --

15 DR. SNYDER: I'm perfectly open to that.

16 DR. THURMAN: -- and not have a knee-jerk
17 reaction to going back to old problems and old sores
18 and old, you know --

19 DR. SNYDER: When you don't get rational
20 explanations --

21 DR. THURMAN: Yeah.

22 DR. SNYDER: -- for things that have
23 occurred in the past, I believe questions are out --
24 open that have been unanswered. That's why I asked
25 those questions.

1 DR. COTTON: Right.

2 DR. THURMAN: Yes.

3 DR. COTTON: Well, but when I answer the
4 question and it doesn't satisfy you, you reask the
5 question and I answer it the same way. So in some
6 ways, we're having kind of a circular conversation.

7 DR. THURMAN: Yeah.

8 DR. COTTON: So --

9 DR. THURMAN: Yeah. So it's --

10 DR. COTTON: -- I -- I don't know how to
11 get out of this circle.

12 DR. SNYDER: Let me -- let me say this. I
13 have received nothing in writing from you all, up
14 until some letter you sent me without going through
15 your attorney, I believe, or OSU, Mr. Price, in
16 August, or even acknowledging my -- my attorneys as
17 well. But I received nothing in writing recently.

18 And in my feeling, the ball is just as much
19 in your all's court and is primarily in your all's
20 court right here.

21 LINDA SNYDER: It'd be nice --

22 DR. SNYDER: I shouldn't --

23 LINDA SNYDER: -- to get a letter.

24 DR. SNYDER: I shouldn't -- I -- I
25 shouldn't be sitting here without receiving nothing

1 from you guys. I mean, I feel like, to a certain
2 extent, it's like I've been abandoned. I'm over here
3 off of work for over four months --

4 LINDA SNYDER: Which is a long time.

5 DR. SNYDER: -- and I know I'm here today
6 talking with you all about this, but I'm not
7 receiving anything in written --

8 LINDA SNYDER: It's a long time to wait.

9 DR. SNYDER: -- or writing, and I'm going
10 to go back and do some soul-searching.

11 I mean, you all might need to provide me
12 some documentation, or writing, or do some
13 soul-searching as well.

14 DR. THURMAN: Well, I think --

15 DR. SNYDER: It's a two-way street.

16 DR. THURMAN: Well --

17 LINDA SNYDER: At least let him know his
18 status --

19 DR. THURMAN: -- the first step, though --

20 LINDA SNYDER: -- even in writing.

21 DR. THURMAN: -- after not hearing
22 anything, because once lawyers get involved, that
23 really affects our communication, does it not? Back
24 and forth? I mean, we're not all touchy-gooey and --
25 I think once lawyers get involved.

1 DR. SNYDER: Well, I mean --

2 DR. THURMAN: So that has had --

3 LINDA SNYDER: That was in someone's place
4 (phonetic).

5 DR. THURMAN: I'll have to say that has
6 played some extent in it because we were waiting, in
7 some cases, on our own -- on Doug Price and -- and
8 their -- and their team to tell us what we should do
9 next, and we're not -- we weren't getting a lot of
10 feedback there.

11 So that being said, now that we've at least
12 had kind of a sit-down, face-to-face, I don't think
13 there's anything wrong with us codifying what we've
14 discussed, in terms of the pathways, into a written
15 document so you can have some evidence of that
16 documentation and then feel better about what --
17 whatever your option may be.

18 DR. SNYDER: Well, and also --

19 DR. THURMAN: That's completely fair.

20 DR. SNYDER: -- also formally notify me of
21 what my status is, which I haven't received anything
22 in writing of that as well.

23 LINDA SNYDER: Yeah. He -- he said he
24 would document.

25 DR. SNYDER: I know. He's talking about in

1 terms of the documentation of what options we can go
2 forward, but I would like to know what my status is,
3 too, so I can have that documented.

4 LINDA SNYDER: That would be good.

5 DR. COTTON: Okay.

6 DR. THURMAN: And when -- once we get those
7 things to you, do you feel -- you know, after that,
8 how long do you feel it would be before you would
9 have a response, in terms of --

10 LINDA SNYDER: Pretty quickly.

11 DR. THURMAN: -- choosing one of those
12 options?

13 LINDA SNYDER: Pretty quick.

14 DR. THURMAN: Because I would -- I know
15 that you want to see the end of this as quickly as --

16 LINDA SNYDER: He's been waiting for a long
17 time.

18 DR. THURMAN: Yeah. Well, I think that's
19 probably the best way to try to move forward.

20 LINDA SNYDER: Uh-huh. Sounds good.

21 MS. COOPER: Again, thank you for trying to
22 meet and --

23 DR. THURMAN: Appreciate it.

24 LINDA SNYDER: Thank you for your time.

25 DR. SNYDER: Thanks for having me.

1 DR. THURMAN: Okay.

2 LINDA SNYDER: It was good to meet --

3 DR. THURMAN: Thanks, man.

4 LINDA SNYDER: -- each one of you.

5 DR. SNYDER: It was good to see you.

6 DR. THURMAN: Good to see you.

7 It was nice to meet you.

8 DR. SNYDER: Give them my word? I don't
9 want to write to these people.

10 I'll turn this off real quick.

11 (Recording ended)

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1 C E R T I F I C A T E

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3 STATE OF OKLAHOMA)
) SS:
4 COUNTY OF OKLAHOMA)

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7 I, Jana C. Hazelbaker, Certified Shorthand
8 Reporter for the State of Oklahoma, certify that the
9 foregoing audio recording was taken by me in
10 stenotype and thereafter transcribed and is a true
11 and correct transcript of the recording to the best
12 of my ability to hear the recording; that I am not an
13 attorney for nor a relative of any said parties, or
14 otherwise interested in said action.

15 IN WITNESS WHEREOF, I have hereunto set my
16 hand and seal of office on this 10th day of
17 September, 2019.

18

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20

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22

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Jana C. Hazelbaker, CSR #1506
24 for the State of Oklahoma

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